

Contractor/Subcontractor Verification

(Form must be submitted to DOC prior to Bid Award.)

Date:	
To:	Labor Standards Specialist
	Grants Management
	Indiana Department of Commerce
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
From:	
Grantee:	
Grant Number:	

Contractor Information

Contractor/Subcontractor Listing	Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	